



PATIENT PRESENTING CLINICAL SIGNS

Jinx Pare Presented for CT for on going nasal swelling. O reports a runny nose with clear mucous started around August with the nasal swelling started 2 months ago. Nasal swelling "comes and goes" on the left side but is always present. P was also sneezing at that time and sounding congested. A convenia inj. was given and dexasporine eye drops were started with little change in clinical signs. 11/2/22 Nasal flush, fungal culture, Resp PCR and FNA of lesion were obtained under GA.

Feline Mycoplasma Positive on resp PCR, remainder of diagnostics were negative/inconclusive. Treated with 2 week course of Zenquin, saline nasal drops and Kenalog injection. Nasal discharge and sneezing are reduced, however swelling still present. P will occasionally paw or rub at the area, but otherwise has a good QOL.

BREED Abnormal PE/Chem/CBC/UA Results: CBC/Chem= BUN 37 (30) H, CRE 2.6 (2.1) H, Na 169 (165) H 11/2/22 = Resp PCR - Mycoplasma felis positive. Remainder neg...Fungal Culture - no growth, FNA inconclusive

Domestic Short Hair

SEX COMPUTED TOMOGRAPHY OF THE SKULL

FS A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

AGE

16.9 Years

The nasal cavity is obliterated by an expansile, soft tissue attenuating and heterogeneous contrast enhancing mass. Multifocal aggressive osteolytic lesions of the maxillary, frontal and palatine bone bilaterally is appreciated. There is destruction of the associated conchal & turbinate structures. The nasal mass is dissecting through the cribriform plate and heterogeneous contrast enhancing material is protruding into the rostral cranial fossa, displacing and distorting the brain parenchyma. The nasal mass is bulging dorsally into the subcutaneous tissue along the nose/frontal sinuses.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Boca Park Animal Hospital

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

REFERRING VET

Ashman

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Multiple absent teeth

INVOICE

55828

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-23-22

The nasal mass is consistent with primary nasal neoplasia presenting local infiltrative growth into the cranial fossa and polyostotic osteolytic lesions of the associated osseous structures. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. FNA sampling of the subcutaneous swelling or rhinoscopy including



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Jinx Pare

biopsy can be used as advanced diagnostic tests.

SPECIES

Feline

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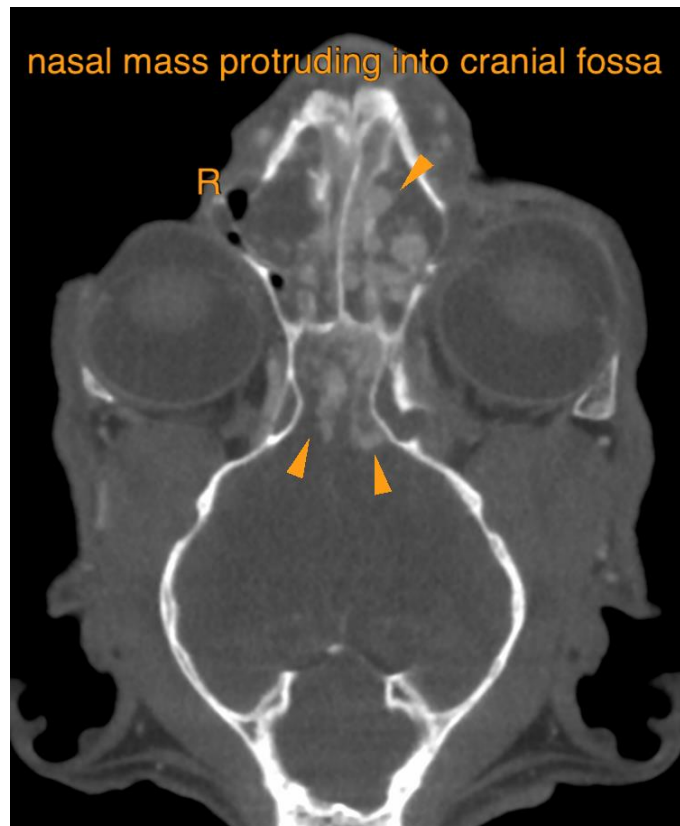
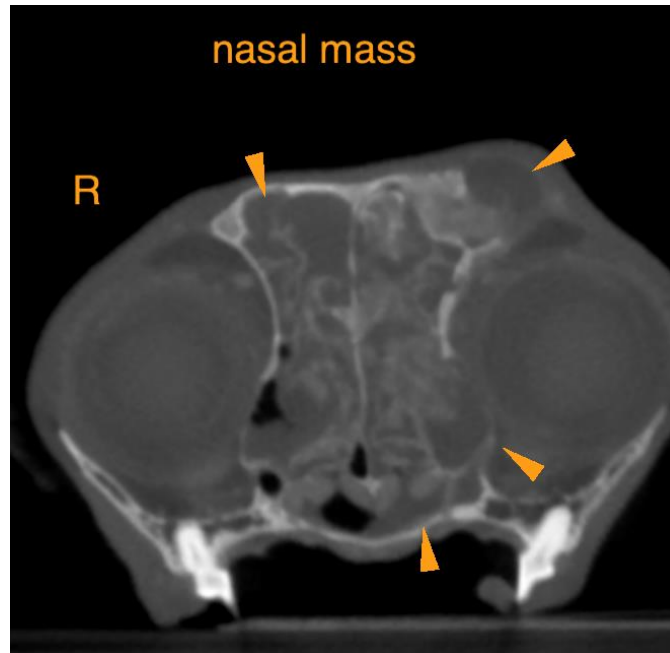
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SPECIES

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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